PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE aperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. THAPP **Application Number** Filing Date TRANSMITTAL First Named Inventor **FORM** Art Unit **Examiner Name** Julie (to be used for all correspondence after initial filing) **Attorney Docket Number** Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC Drawing(s) Fee Transmittal Form Appeal Communication to Board of Appeals and Interferences Licensing-related Papers Fee Attached Appeal Communication to TC Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a **Proprietary Information Provisional Application** After Final Power of Attorney, Revocation Status Letter Change of Correspondence Address Affidavits/declaration(s) Other Enclosure(s) (please Identify Terminal Disclaimer below): **Extension of Time Request** Request for Refund Express Abandonment Request. CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD **Certified Copy of Priority** Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Signature NABIL Printed name Reg. No. Date

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Date 2/28/2006

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DR. NABIL N. GHALY 14 Longwood Drive S. Huntington, NY 11746 (631) 498-0980

February 28, 2006

Commissioner of Patents & Trademarks P.O. Box 1450 Alexandria, Virginia 22313-1450

Ref.: Application No. 08/962,971 - Filing Date: 10/27/1997
Response to Office Communication Mailed on December 1, 2005

Dear Sir:

I am the applicant and the independent inventor named in the subject patent application. Attached please find my response to the Office Action mailed on December 1, 2005.

Thank you for your cooperation and assistance in this matter.

Dr. Nabil M. Ghaly

Sincerely

Attach.

Certified mail 7003 1010 0003 3624 6523 Return receipt requested



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